

Department of Employee Trust Funds
Division of Employer Services
PO Box 7931 - Madison WI 53707-7931
Fax: (608) 266-5801

WRS PREVIOUS SERVICE CHECKS

To verify previous Wisconsin Retirement System (WRS) service, complete the following information: your name/agency, phone number, fax, EIN, re: employee's name, Social Security Number, birthdate and date sent. Do not write in the ETF Review area, additional comments or completion date.

From: Name/Agency	Phone Number:	Fax:	EIN: 69-036-
Re:	Social Security Number:	Birthdate:	Date Sent:
ETF Review <input type="checkbox"/> No previous service. <input type="checkbox"/> Qualifying state service. ____ months. <input type="checkbox"/> Qualifying local service. ____ months. <input type="checkbox"/> Took a separation benefit on _____. <input type="checkbox"/> Is an annuitant: <input type="checkbox"/> WRS Termination date is _____. <input type="checkbox"/> Retirement Annuity application received by ETF on _____. <input type="checkbox"/> Retirement Annuity effective date is _____.			
Additional Comments:			Completion Date:

Re:	Social Security Number:	Birthdate:	Date Sent:
ETF Review <input type="checkbox"/> No previous service. <input type="checkbox"/> Qualifying state service. ____ months. <input type="checkbox"/> Qualifying local service. ____ months. <input type="checkbox"/> Took a separation benefit on _____. <input type="checkbox"/> Is an annuitant: <input type="checkbox"/> WRS Termination date is _____. <input type="checkbox"/> Retirement Annuity application received by ETF on _____. <input type="checkbox"/> Retirement Annuity effective date is _____.			
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Additional Comments:			Completion Date: